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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 2004// 7-0008 (NEMC 199-DIV)

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE
FC	DR.		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TO	TAL CHARGE	ABLE CLAIMS	19 minus 20=					XS 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	2 m	inus 3 =				X43=		OR	X86=	
Мι	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than ze	ero, enter	"0" in column 2		1	TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	CLADA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JETIPLE DEF	PENDENI	CLAIM			+145=		OR	+290=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	·
		(Column 1)		(Colum	ın 2)	(Column 3)	_	ODII. PEE			ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER	•	HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDMENT	Minus	PAID F	OH	=		X\$ 9=	FEE	OR	X\$18=	FEE_
	Independent	•	Minus	***	·	=	 	X43=			X86=	
A	FIRST PRESE	PRESENTATION OF MULTIPLE DEPENDENT C		CLAIM		-	A43= .		OR	700=		
								+145=		OR	+290=	•
								TOTAL DDIT. FEE	•	OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	T	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		Ī	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	TOTAL	
••••	f the "Highest Nu	mber Previously Pa	id For IN THIS	SPACE is	less than	3, enter *3.*		TOTAL DDIT. FEE			DOIT. FEEL	
***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.* The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.												